Role of Kukkutanda Swedna and Nasya in the Management of Ardita - A Pilot Study

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Abstract:

Ardita is considered as a vatavyadhi according to Bruhatrayi. It is caused by aggravation of vata. Ardita is also explained as Ekayaam by Ashtang Hrudaya. Aacharya Charaka has included Sharirardha in Ardita while Sushruta has considered as the face is only affected in Ardita. In the modern text it is correlated with facial palsy on the basis of signs and symptoms. Charaka attributed the root cause of Ardita to highly vitiated vata doshas whereas Ayurvedic experts like Shodhal classified Ardita on doshic influence of Kapha and pitta rather than vata. Ardita in Ayurveda is due to transferring heavy wt. on head, excessive laughing, loudly talking, sudden fearing, sleeping on uneven bed, eating hard food particles, other vatavardhaka ahara-vihara. Nadi swedna and Nasya is explained in classics like Charaka and Sushruta for treatment of Ardita. Sushruta described medication for Ardita in his Sutrasthana giving special emphasis on Nasya. A pilot study was carried out on 6 patients of Ardita. The patient Snehana is done with Murchhit Til taila. After snehana swedana kukkutanda swedna is carried out. Nasya is done with Ksheerbala Tail. Swedna and Nasya karma was found to be highly effect in management of Ardita.

Keywords: Ardita, vatavyadhi, Snehana, Kukkutanda Swedna, Nasya.

Introduction:

Ardita is considered as a vatavyadhi according to Bruhatrayi. It is caused by aggravation of vata. It has been enlisted among eighty types of nanatmaja vyadhies. Ardita is also explained as Ekayaam by Ashtang Hrudaya. Aacharya Charaka has included Sharirardha in Ardita while Sushruta has considered as the face is only affected in Ardita. In the modern text it is correlated with facial palsy on the basis of signs and symptoms mentioned there in it. It is commonly caused due to the lesion found on the seventh cranial nerve i.e facial nerve which leads to partial or total loss of movement of unilateral face. Modern science found the drugs like steroids and anti-viral etc. for it. Also surgical and other treatments are available for facial paralysis. Yet its reoccurrence and synkinesis are reported.

Charaka attributed the root cause of Ardita to highly vitiated vata doshas whereas Ayurvedic experts like Shodhal classified Ardita on doshic influence of Kapha and pitta rather than vata. Ardita in Ayurveda is due to transferring heavy wt. on head, excessive laughing, loudly talking, sudden fearing, sleeping on uneven bed, eating hard food particles, other vatavardhaka ahara-vihara. Due to vata prakopa, nidana sevana whenever vata doshas vitiates, it enters in all the empty channels (srotas) of the body and then creates different types of Ekangagata and Sarvangagata vyadhies (80 types of vata disorders described by classics including various diseases like Ardita, pakshaghat, joint disorders). The main
symptoms of Ardita are vakrardha, netravikrti, lalasrava, vakasanga, parsh vedana etc. Nadi swedna and Nasya is explained in classics like Charaka and Sushruta for treatment of Ardita. Sushruta described medication for Ardita in his Sutrasthana giving special emphasis on Nasya. In Ayurveda Panchkarma along with drug administration aims to improve its outcome and prevents the residual treatment. Panchkarma technique like Nasya has a definite role in relieving the impairment. Nasya is a process by which medicated oil is administered through the nostrils. Prior to Nasya, purvakarma measures are done like Snehana and Swedna to face, forehead, head, ear and neck. These prior snehana and swedna helps to loosen the adhesive doshas thereby facilitating the subsequent part of the treatment.

**Incidence:-**

According to statistical data, facial paralysis affects around 1 in 1000 of the general population. It is more common in young adults. Diabetic patients and women are more prone to this disorder.

**Aims and Objectives:-**

1. To assess the effect of kukkutanda swedna in Ardita.
2. To assess the effect of Ksheerbala taila Nasya in Ardita.
3. To assess the combined effects of both the above mentioned therapies in Ardita.

**Material and Methods:-**

1. Random selection of patients was made irrespective of their sex, education, etc. from O.P.D and I.P.D of Desh Bhagat Ayurvedic College and Hospital, Mandi Gobindgarh. Punjab.
2. Single group study.
4. Study duration – 7 days.

**Inclusion criteria:-**

1. Patients having the signs and symptoms of Ardita i.e. Netravikriti, Lalasrava, Vaksanga etc.
2. Patients between the age group of 25 – 40 years.

**Exclusion criteria:-**

1. Patients of age below 25 years and above 40 years.
2. Patients having intracranial tumor, Intracranial hemorrhage, Bilateral facial Palsy, Involvement of Ipsilateral or Contra lateral hand leg and tree.

**Criteria for Assessment:-**

Assessment was done on the basis of scoring of cardinal signs, associated symptoms and Doshanubandhita Lakshanaas. Scoring pattern was developed according to severity of symptoms. Improvement was assessed accordingly.

1. Vaktrardhavakra:-
   Complete Mukhavakrata 3.
Assessment of the degree of voluntary movements in order to document the grade of Facial Paralysis as described in the House Classification System.

### Assessment of total effect:-

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete cure</td>
<td>100%</td>
</tr>
<tr>
<td>Marked Relief</td>
<td>&gt;50%</td>
</tr>
<tr>
<td>Moderate Response</td>
<td>&gt; 25% To 50%</td>
</tr>
<tr>
<td>Mild Improvement</td>
<td>&lt;25%</td>
</tr>
<tr>
<td>No Response</td>
<td>0%</td>
</tr>
</tbody>
</table>

### Diagnostic criteria:-

An elaborate Performa incorporating the points of history taking and physical examination mentioned in Ayurveda and Modern Medicine was prepared. The Performa mainly emphasized on Karmatmak and Avayavatam changes as well as Gyanendriya, Karmendriya and Manas Pariksha along with CNS examination.

**Cardinal symptom:-**

Vaktrardhavakra: The patient must be having complete or partial loss of voluntary functions of one side of the face to diagnose a case of Ardita.

**Associated Symptoms:-**
Procedure:

Procedure for pinda sweda:

Anda sweda:

Anda sweda is practiced mainly by Ayurveda vaidya in Kerela. It comes under the variety of Ushma sweda.

Materials required: For 1 day

- Kolakulathadi churna 400gm
- Methika 100gm
- Haridra 100gm
- Lemon 1 pcs
- Yolk of egg 10
- Cloth - 2m, Thread - 2 m, Murchita taila (for Mukha Abhyanaga)

Procedure:

Cut the lemon into small pieces. Fry in mild heat adding adequate oil. When yellow colour of lemon starts fading, add the powdered drugs and fry well. To this add the yolk of boiled egg and mix well. Remove the pan from the fire. Make the contents into potalli. The content once made should for single day.

Procedure for Nasya:

For this patient was asked to lie in supine position, proper Mukha Abhyanga was done with Murchita Taila to face followed by mrudu swedana(Vasan sweda). After that patient is asked for Nasya position(Kinchita pralambita shirasa) and Ksheerabala taila was poured 6-6 drops in each nostrils. Asked to remain in same position for 10 mins, and instructed not to swallow the oil and spit out if comes in throat region. Patients are asked to follow the regimens needful after nasya.

Nasya is the Panchkarma procedure. So prior to Nasya, purvakarma measures like snehana (oleation), swedana to face, forehead, head, ear and neck. The snehana and swedna will help to loosen the adhesive doshas thereby facilitating the subsequent treatment. In addition blow with balloon exercise is done. Snehana is done with Murchhi Til taila at face for 25 minutes and at shoulder, neck region for 5 minutes. After snehana swedana kukkutanda swedna is carried out. Then Nadi swedna is carried out for gaining samayak swinn lakshana if required. Nasya is done with Ksheerabala Tail which is explained for Vatavyadhi in ‘Saharayoga’ During Nasya 8 drops are infilled in each nostril for first 3 days, 10 drops in next 3 days and 15 drops in last 2 days. In Paschatkarma patient should be given Luke warm water for gargling. If required dhompana should be carried out and all paschatkarma.

Observation:-
### Grading...

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Observation.</th>
<th>Grading.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Mukhavakrata</strong></td>
<td>Complete <em>Mukhavakrata</em></td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Half <em>Mukhavakrata</em></td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Mild <em>Mukhavakrata</em></td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Normal</td>
<td>0</td>
</tr>
<tr>
<td><strong>2. Vaksanga</strong></td>
<td>Complete <em>Vaksanga</em></td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Pronouncing with great efforts</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Pronouncing with less efforts</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Normal speech (whistling)</td>
<td>0</td>
</tr>
<tr>
<td><strong>3. Netravikriti</strong></td>
<td>Complete upward rolling of eye</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Half of the upward rolling of eye</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Partial upward rolling of eye</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Normal</td>
<td>0</td>
</tr>
<tr>
<td><strong>4. Vedana/Krnashoola</strong></td>
<td>Constant <em>Vedana/ karnashoola</em> in affected side of face</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Intermittent <em>Vedana/ karnashoola</em> in affected side of the face</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Mild <em>Vedana/ karnashoola</em> in affected side of the face</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>No <em>Vedana/Krnashoola</em></td>
<td>0</td>
</tr>
<tr>
<td><strong>5. Lalasrava</strong></td>
<td>Constant (profuse) <em>Lalasrava</em></td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Intermittent (moderate) <em>Lalasrava</em></td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Partial (mild) <em>Lalasrava</em></td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>No <em>Lalasrava</em></td>
<td>0</td>
</tr>
</tbody>
</table>
Result:-

From the data of this study showing treatment of Bell’s palsy with Nasya karma was found to be highly effect. It provided complete cure.

Discussion:-

Ardita is a Nanatmaja vatavyadhi explained by Charaka Aacharya. The persons who have less immunity to tolerate cold atmosphere, if they are suddenly exposed to cold climate they become a victim of this disease. Alpastva persons especially women are found to more prone to such disorder. Charaka attributed the root cause of Ardita to highly vitiated vata doshas whereas Ayurvedic experts like Shodhal classified Ardita on doshic influence of Kapha and pitta rather than vata. Nasya is a process by which medicated oil is administered through the nostrils. Nasya is regarded as patient friendly because it can be done even in comfort of patient’s residence.

Nasya medication has no any side effect. The Nasya dravya medicine acts at Sringataka marma from where it spreads into various strotas (vessels and nerves) and bring out all vitiated doshas. The drugs by general blood circulation after absorption through mucous membrane pool into venous sinuses of brain via inferior ophthalmic veins. There the absorption is directly into the cerebrospinal fluid. Nerve endings of olfactory and trigeminal nerve which are arranged in the peripheral surface of mucous membrane are stimulated by Nasya karma and impulses are transmitted to the central nervous system.

References:-

2. Golwalla Medicine for Students 19th edition, ch-6,p- 394
5. Ambika Dutt Shashtri, Sushruta Chikitsa, Nidana Sthana,Chaukhambha Orientalia2000, Ch-1/68-70